



## **Mississippi Delta Health Collaborative**

### ***Creating Healthy People and Healthy Communities in the Mississippi***

---

#### **Vision**

To create healthy communities in the Mississippi Delta that not only support healthy behaviors but make them easy and accessible.

#### **Mission**

To provide leadership in the Delta region for implementing evidenced based heart disease and stroke prevention interventions to reduce morbidity, mortality, and related health disparities. The Delta Health Collaborative engages and partners with community members to:

1. Develop infrastructure at the community level to facilitate policy and environmental system changes to support healthier lifestyles and decrease risk factors for heart disease and stroke, leading to the reduction in chronic disease prevalence and incidence.
2. Improve management of hypertension among consumers and reduce the incidence of hypertension among adults at-risk for developing the disease.
3. Address social determinants of health for the reduction in health disparities by reaching beyond public health and bringing together diverse representation from the community, government, law enforcement, recreation, business, transportation, health, public and private organizations, and academia.

#### **Characteristics**

- Community-Based
- Community-Led
- Community-Defined
- Community-Driven

#### **Building the Community's Capacity**

*Health problems cannot be solved solely through changing individuals' knowledge and health choices.*

The Mississippi Delta Health Collaborative seeks to reduce the risk for heart disease and stroke by focusing on policy and environmental systems

change that supports increased access to physical activity, increased access to healthy foods, increased access to quality healthcare, and reduced exposure to tobacco. The process begins with the following strategic actions:

1. Assess community health status by accessing and analyzing epidemiological, survey, and other data.
2. Partner with a wide range of disciplines to form community councils with diverse representation.
3. Plan strategic actions to address social determinants of health, improve health outcomes related to heart disease and stroke, and implement policy and environmental system changes.
4. Implement evidence-based population health interventions.
5. Evaluate approaches for effectiveness.
6. Replicate model in neighboring counties.

#### **Delta Health Collaborative Strategic Alliance**

Adverse health outcomes among residents living in the Mississippi Delta cannot be attributed to one single factor. Recognizing the confluence of many factors that have lead to the disparate health outcomes among persons living in the Delta region, the Mississippi Delta Health Collaborative is convening a Strategic Alliance composed of leadership representing various layers of influence within the community, including healthcare, education, politics, employment and economic development.

#### **Role of the Strategic Alliance**

- Provide guidance and expertise to assist the Mississippi Delta Health Collaborative in carrying out the intended goals and objectives of the program.
- Contribute to a coordinated effort to implement evidenced-based strategies to reduce heart disease and stroke at the policy and environmental systems level.
- Develop and promote recommendations for public health practice within the community,

---

faith-based, healthcare, worksite, and school settings.

- Develop and promote recommendations for policy and the environment which promote easy and accessible health behaviors.

### **Community-Based Programs**

Community-based organizations received funding through the MDHC to conduct evidenced based interventions in the Mississippi Delta. Each funded program is required to focus on strategies and activities that will lead to policy and environmental systems change to support easy and accessible healthy behaviors.

#### FY 2010 Grantees:

1. Delta Health Alliance – “Church Garden Project”
2. Abundant Living Community Organization – “Congregational Nurses at Work”
3. Jonestown Family Center for Education and Wellness – “Building a Healthy Jonestown, One Family at a Time”
4. Aaron E. Henry Community Health Services Center, Inc. – “Reducing the Burden of Cardiovascular Disease Collaborative”
5. Delta Citizens Alliance – “Creating a Competitive Advantage with Healthier Workers”
6. Four Aces Racquet Club – “Youth Tennis as a Vehicle to a Healthy Lifestyle”
7. University of Mississippi – “Eating Good and Moving Like We Should”
8. Southern AIDS Commission- “Mississippi Delta Health Improvement Initiative”

#### Community Health Councils

The Mississippi Delta Health Collaborative will facilitate the establishment of Health Councils in cities and towns within target counties. The councils will:

- Be responsible ensuring health is a consideration in all sectors of the community, including Government, School, Worksites, Church, Community, and Economic Development.
- Have broad representation from the community.
- Promote and implement policies and practices to support a culture of wellness.

### **School Health Initiatives**

The goal of the Mississippi Delta Health Collaborative is to close the gap between what is taught in school and what is practiced in the home in regards to being physically active and consuming a healthy diet.

#### Delta Alliance for School and Community Health

The Delta Alliance for School and Community Health (DASCH) includes parents, teachers, school personnel, and community members whose goal is to not only improve the health of students, but family members as well.

#### DASCH Initiatives

1. Joint Use of School Facilities
2. Parent Health Education
3. Physical Activity Report Card
4. Physical Activity and Nutrition Education Training Programs for School Personnel

### **Faith-Based Programs**

The Mississippi Delta Health Collaborative supports the institution of wellness programs within churches for the purpose of increasing access to physical activity, healthy foods, quality healthcare, and tobacco cessation programs.

#### Delta Alliance for Congregational Health (DACH)

The Delta Alliance for Congregational Health is a consortium of churches in the Mississippi Delta that recognizes the obligation and the opportunity the church has to minister not only to one's spiritual health, but their physical health as well. DACH representatives support and promote the institution of health ministries in the faith setting.

#### Congregational Health Nurse Training Program

The CHN Program certifies registered nurses as Congregational Health Nurses through the Congregational Parish Nurse Health Ministry Training. Upon completion of the training nurses establish health ministries within their respective churches and convene a health and wellness council. With goals focused on outreach and service coordination, this project is unique in that it is a culturally tailored program designed to address common needs, concerns, and challenges relative to the target population.

---

### Church Garden Project

In partnership with Delta Health Alliance, the DACH supports the establishment of church gardens in the Mississippi Delta. The Church Garden Project supports the development of congregational gardens to encourage increased access to and consumption of fruits and vegetables and to assist congregational members to become physically active. Community gardens provide fresh healthy produce, as well as opportunities for building community activity. This activity in conjunction with the Congregational Health Nurse Training Program serves to address issues related to adverse health outcomes within the African-American community.

### Project HEAL: Healthy, Educated, Active for Life

Project HEAL is a health education and promotion program for African-American churches in the Mississippi Delta. The purpose of the campaign is to support a culture of wellness including physical activity, nutrition, tobacco prevention, and hypertension management.

## **Worksite Wellness Programs**

The vision of the MDHC is to have a worksite wellness program in every workplace in the Mississippi Delta for the purpose of maximizing the health and productivity of every employee.

The goals of the worksite wellness initiative are:

1. To improve the health of all persons working in the Mississippi Delta.
2. To make healthy choices easy and accessible in the work place.
3. To identify and advance evidence-based worksite wellness programs and measure their impact.

### Worksite Wellness Councils

In partnership with Delta Citizens Alliance in Greenville, the MDHC is establishing worksite wellness councils in each target county. The council is comprised of representatives from local businesses and industries. Each council works to improve the health of employees by focusing on physical activity, nutrition, tobacco prevention, and disease management. The purpose of each council is:

- To facilitate the establishment of worksite wellness committees at each worksite.
- To implement worksite wellness best-practices in a collaborative approach.
- To advance worksite wellness through advocacy, information and technical assistance and resource development.
- To develop and provide employer models for worksite wellness regardless of size.
- To support employer health care cost control efforts through effective health promotion.

## **Healthcare Quality Improvement**

The goal of the MDHC is to effect change among providers to support evidenced-based clinical and quality improvement across a wide variety of healthcare settings. The MDHC seeks to partner with physicians and public health professionals in the Mississippi Delta to improve management of hypertension among consumers and reduce the incidence of hypertension among adults at-risk for developing the disease.

### Chronic Disease Management

The MDHC seeks to transform healthcare practices in the Mississippi Delta from a system that is reactive to one that is proactive and focused on keeping a person as healthy as possible. Adapted from the Chronic Care Model, the MDHC is creating a disease management model for healthcare system improvement at the community, organization, practices, and patient levels.

The focus of the CDM program is to address deficiencies in care which can lead to poor disease management. Like the Chronic Care Model, the CDM involves the essential elements of a health care system that encourage high-quality chronic disease care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. The MDHC will:

1. Recruit physicians to participate in the program.
2. Educate providers on the most up-to-date clinical standards for persons with or at-risk for hypertension.
3. Provide software and training for tracking and reporting on clinical outcomes.

4. Link patients to community support and health education systems.
5. Evaluate the program for effectiveness.

### System Dynamics Modeling

Recognizing local conditions such as access to healthy food options; access to safe physical activity options; primary health care; sources of stress such as poverty, crime, and discrimination; policies regarding tobacco and air pollution have a strong bearing on the health status of communities, System Dynamics Modeling will allow community and public health leaders in the Delta to answer the following strategic questions:

- How do local conditions affect multiple *risk factors* for *cardiovascular disease*, and how do those risks affect *population health status* and costs over time?
- How do different local interventions affect the cardiovascular health and related expenditures in the short- and long-term?
- How might local health leaders better balance their efforts given limited resources?

The model integrates much of what is known about major cardiovascular risks (CVD) and local policy options into a single testable framework for prospective policy analysis and incorporates data from many sources to represent adults in the 18 Delta County Region who have never had a CVD event. It tracks the trajectories of the leading direct and indirect risk factors and contains 19 policy options for evaluating simulated interventions. The main outcomes are first-time CVD events and deaths and total consequence costs, which combine all medical expenditures and productivity costs associated with CVD events and risk factors.

### System Dynamics Stakeholder Meetings

Two stakeholder meetings have been conducted in the Mississippi Delta on January 14 -15, 2009 and July 9, 2009, in Stoneville, MS at the Mississippi State University Delta Research Extension Center. The meetings were co-facilitated by the MDHC, CDC, and the Sustainability Institute. The purpose of the meetings was to explore opportunities to support and engage community

members in developing and implementing public health strategies to promote healthy lifestyles and reduce the burden of disease in the Mississippi Delta at the policy and environmental systems level.

### Policy Listening Sessions

The MDHC is conducting listening sessions in each target county with local political leaders including Mayors, Legislators, Board of Supervisors, and Alderman. The purpose of the sessions is to:

1. Assess the readiness level for the implementation of policies to create the conditions for every citizen to achieve their optimal health.
2. Identify policy champions or political leaders with health as an interest.
3. Identify health related issues (medical, environmental, social, and financial) of importance to political leaders.
4. Identify prior or planned actions taken by political leaders to address these health related issues and discuss the impact of these actions, if applicable.
5. Identify/discuss actions to improve or create an environment in the Delta that supports healthy behaviors.
6. Gain support from political leaders for the Delta Health Collaborative and work together collaboratively as we move forward.

### Community Mapping

In an effort to understand how external factors within the community impact decisions regarding healthy behaviors, an environmental scan is being conducted to determine the accessibility to resources. The program will examine access to quality fruits and vegetables, places to exercise, and options for quality healthcare, including hypertension management. These will be examined through the lens of cost to the individual, including monetary, distance required to travel, and hours of availability which can impact time away from work or family. Currently, information on access points within the community is being gathered.